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1.0 General Report Overview

Effective April 1, 2015, Executive Order 2015-4 created the Department of Health and Human Services (DHHS). The Executive Order also abolished the Michigan Department of Community Health (MDCH) and the Michigan Department of Human Services (MDHS). Except as otherwise provided in Section XIII of the Executive Order, after the effective date of the Order, statutory and legal references to the MDHS, the MDCH of all predecessor departments, are deemed references to the DHHS.

The fiscal year 2015 contract was executed between MDCH and the PIHP/CMHSPs. As such, the financial planning, reporting and settlement forms and instructions will reference MDCH. Reference to DHHS will begin with the fiscal year 2016 reporting.

The Michigan Department of Community Health (MDCH) is required to record accruals at the end of the Fiscal Year (FY) as part of the State's year-end closing process. To meet that requirement, the MDCH needs to know the financial status of all MDCH obligations as of September 30. The Year End Accrual Schedule compiles financial information similar to what is reported in Section A. State Agreement of the SUD - Supplemental. The Prepaid Inpatient Health Plan (PIHP) should encourage timely financial reporting from their contractors and make every effort to accurately estimate the FY revenues and expenditures.

2.0 Report - Due Dates

Refer to the reporting grid incorporated in Attachment P.7.7.1.1 of the Contract for identification of report due dates. The reporting grid can be found on the MDCH website: http://www.michigan.gov/mdch/0,4612,7-132-2941_38765---,00.htm

The report due date has been estimated based on the historical closing schedule set by the Michigan Department of Management and Budget. This date is subject to change. If the due date changes, notification will be sent to the PIHP Director and the Finance Officer.

3.0 Report Submission


3.1 Report Submitted via US Mail

This is no longer applicable. Electronic report submission required.

3.2 Report Submission – Electronic

The report should be submitted electronically to the department by the due date identified in 2.0 above at MDCH-MHSA-Contracts-MGMT@michigan.gov.

The report's file name must identify the reporting fiscal year, period covered (submission type), agency name, report title and date of submission.

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Example: For the FY 15 year end accrual reporting package submitted from network180 for the Substance Use Disorder Year End Accrual Schedule report, the file name should read **FY15 YEC network180 SUDYEC 10-01-2015**.

Refer to the Electronic Report Submission Guidelines for report submission specifications.

4.0 Report Specific Navigation or Terminology

The Year End Accrual Schedule includes cell shading to assist the end user with completion of the form.

Report headers are shaded in light green.

Cells requiring data entry are shaded in yellow.

Cells that are formula driven and should not have data entered are not shaded.

Worksheet protection has been enabled.

Precision as displayed functionality has been enabled. As such, Excel will utilize the displayed value instead of the stored value when it recalculates formulas.

5.0 Instructions for Completion of the Report

This report is only used by the PIHP.

Enter the name of the PIHP on the line labeled "PIHP".

Select the appropriate Fiscal Year (FY) from the drop down menu.


Enter the date of report submission on the line labeled "Submission Date".

5.1 Row 1 – Community Grant

This row is the label Community Grant. Community grant funds are a combination of the federal grant received by the State from the Substance Abuse and Mental Health Services Administration (SAMHSA) and the general fund dollars appropriated by the legislature for the prevention and treatment of SUD and include General Administration, Access Management System (AMS), Treatment and Women's Specialty Services (WSS). The rows immediately following will represent the budgeted revenues available by fund source and the current year expenditures by category.

Row 1.a – General Administration

Administration includes the seven administrative functions listed and defined in the document entitled, "Establishing Administrative Costs Within and Across the PIHP". General Administration does not include AMS. (See below.)

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The Administrative Rules for the Substance Use Disorders Service Program prohibit PIHPs from providing services. Any activity or function that is carried out within the PIHP or that is allocated to the PIHP is considered an administrative activity or function, and expenditures must be reported as such. For example, all PIHP personnel expenditures for employees and contractors are administrative expenditures, including expenditures for Prevention Coordinators, Treatment Coordinators, and others.

If a PIHP purchases administrative functions from a vendor or sub-recipient, these contractual expenditures must be reported as PIHP administration. This would include audit services, data reporting functions, building maintenance, and so forth. Refer to the document entitled, "Establishing Administrative Costs Within and Across the PIHP". The administrative costs of service providers, whether vendors or sub-recipients, are not counted as PIHP administrative costs.

Enter, in column A, the budgeted revenue amount for General Administration. Enter, in column B, the cost of providing General Administration as described above.

Row 1.b – Access Management System (AMS)

AMS functions are as described in Treatment Policy #07 – Access Management System, which may be found in the SUD Services Policy Manual. All AMS functions are administrative. AMS can be considered a subcategory of Administration.

All AMS budgeted revenue and expenditures must be reported whether the functions are carried out within the PIHP, by another entity, by a contractor, or by a combination of these.

If a PIHP purchases AMS functions through a contractor, and if the contractor also provides direct services under the contract, expenditures associated with AMS functions are to be reported.

Enter, in column A, the budgeted revenue amount for AMS. Enter, in column B, the cost of providing AMS as described above.


Row 1.c – Treatment

Treatment includes In-Patient treatment, Out-Patient treatment, Case Management, Early Intervention, Recovery Support, Methadone, Detox, and Residential services.

Enter, in column A, the budgeted revenue amount for Treatment. Enter, in column B, the cost of providing Treatment as described above.

Row 1.d – Women's Specialty Services (WSS)

The WSS funds include Flint and Saginaw Odyssey House funding and are incorporated in the Community Grant allocation.

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For the purpose of assuring statewide compliance with the SAPT Block Grant minimum expenditure requirement for WSS, each PIHP has a minimum expenditure target.

The expenditure target can be reached through a combination of SAPT Block Grant and State funds (Community Grant, State Disability Assistance and Medicaid State share) for specialty treatment services for eligible individuals. Eligible individuals are pregnant women, primary caregivers with dependent children and primary caregivers attempting to regain custody of their children. Use of Federal and State funds must be consistent with applicable SUD Agreement requirements.

MDCH extends the five federal requirements to primary caregivers attempting to regain custody of their children or at risk of losing custody of their children due to a substance use disorder. These individuals are a priority service population in Michigan.

Attainment of the expenditure target and program/services objectives is a contract performance requirement. The target can be amended by mutual agreement. MDCH will not approve budget revisions or amendments that appear to create risk of failing to meet the WSS Maintenance of Effort (MOE).

Enter, in column A, the budgeted revenue amount for WSS. Enter, in column B, the cost of providing WSS as described above.

NOTE: Only State Agreement budgeted revenue and expenditures should be reported on this line.


Row 1.e — Other (please specify)

Special earmarked funds, within the Community Grant, will be identified in the initial fiscal year allocation letter and subsequent amendments. The special earmarked funds must be budgeted separately. Special earmarked funds may include Sacred Heart, Communicable Disease, Outreach to Children Whose Parents Receive Medicated Assisted Treatment, or other identified programs that were funded throughout the year for specific programs and/or populations to serve.

Enter, in column A, the budgeted revenue amount for any special earmarked funds. Enter, in column B, the cost associated to the special earmarked funds.

Row 1.f - Subtotal – Community Grant

This row represents the total of Community Grant budgeted revenue and total expenditures by category. The cells are formula driven. The formula is the *sum of General Administration (1.a), Access Management System (1.b), Treatment (1.c), Women's Specialty Services (1.d), and Other (please specify) (1.e).*

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Row 2 – Prevention

The Prevention allocation is 100% Federal SAPT Block Grant. There are no separate allocations for Tobacco Vendor Education or Non-Synar Tobacco Retailers Inspections. PIHPs are expected to use their Prevention allocations to meet tobacco-related performance objectives and to accomplish other Prevention plans developed through the Annual Plan Guidelines. Prevention funds may be used for needs assessment and related activities. All prevention services must be based on a formal local needs assessment.

The Department's intent is to move toward a community-based, consequence-driven model of prevention. Prevention activities must be targeted to high-risk groups and must be directed to those at greatest risk of substance use disorders and/or most in need of services within these high-risk groups. PIHPs are not required to implement prevention programming for all high-risk groups. The PIHP may also provide targeted prevention services to the general population.

Enter, in column A, the budgeted revenue amount for Prevention. Enter, in column B, the service costs for Prevention.

Row 3 – Prevention Administration

Enter, in column A, the budgeted revenue amount for Prevention Administration. Enter, in column B, the administration costs for Prevention.

Row 4 - State Disability Assistance (SDA)


MDCH continues to allocate SDA funding and to delegate management of this funding to the PIHP. The PIHP is responsible for allocating these funds to qualified providers. SDA funds shall not be used to pay for room and board in conjunction with sub-acute detoxification services.

Enter, in column A, the budgeted revenue amount for SDA. Enter, in column B, the cost of providing SDA as applicable.

Row 5 – Partnership for Success II (PFSII)

Partnership for Success II is an additional grant not awarded to all PIHPs. PIHPs receiving PFSII funding are responsible for program budget summary/reporting and justification.

Enter, in column A, the budgeted revenue amount for PFSII. Enter, in column B, the cost of providing PFSII.

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Row 6 – Other (please specify)

Special earmarked funds, not included in the Community Grant funding, will be identified in the initial fiscal year allocation letter and subsequent amendments. The special earmarked funds must be budgeted separately. Special earmarked funds may include Sacred Heart, Communicable Disease, Outreach to Children Whose Parents Receive Medicated Assisted Treatment, or other identified programs.

Enter, in column A, the budgeted revenue amount for any special earmarked funds.
Enter, in column B, the cost associated to the special earmarked funds.

Row 7 – Total State Agreement

This row represents the total of the State Agreement budgeted revenue, total expenditures by category, and total of the Agreement Balance. The cells are formula driven. The formula is the *sum of* Subtotal – Community Grant (1.f), Prevention (2), Prevention Admin (3), State Disability Assistance (4), Partnership For Success II (5), and Other (please specify) (6).

5.2 Contact Information

Please enter the name, date, e-mail, and telephone number of the contact person whom questions should be directed to.